efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492133039449 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization Washington Coal Club ☐ Address change 54-1223629 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2600 Virginia Ave NW Suite 505 ☐ Final return/terminated (202) 333-5265 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Washington, DC 20037 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 6,060 2 Program service revenue including government fees and contracts 2 3 5,600 Membership dues and assessments 4 4 0 5a Gross amount from sale of assets other than inventory 0 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 11,662 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 0 12 Salaries, other compensation, and employee benefits . 12 0 13 13 Professional fees and other payments to independent contractors 0 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 389 16 Other expenses (describe in Schedule O) 16 11,084 17 17 Total expenses. Add lines 10 through 16 11,473 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 189 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 12,264 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 12,453 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

-orm 990-EZ (2018)						Page 2
Part II Balance Sheets (see the instructions			Dt II			
Check if the organization used Schedule	O to respond to any q	juestion in this				(B) End of year
22 Cash, savings, and investments			(A) D	eginning of year 12,264	22	(B) End of year 12,453
23 Land and buildings				0	-	0
24 Other assets (describe in Schedule O)		[0	24	0
25 Total assets		[12,264	25	12,453
26 Total liabilities (describe in Schedule O)				0	\vdash	0
27 Net assets or fund balances (line 27 of column	<u> </u>			12,264	27	12,453
Statement of Program Service A Check if the organization used Schedule	•	3		tIII) □	l (R	Expenses equired for section 501(c)
What is the organization's primary exempt purpose?					(3) and 501(c)(4)
To educate, discuss, and communicate issues to all in Describe the organization's program service accompli measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro	shments for each of its er, describe the service	s three largest p	orogram			ganizations, optional for ners)
28 See Additional Data Table						
(Grants \$) If this amoun	t includes foreign gran	its shock horo		. ▶ □	30-	
29	t includes foreign gran	its, check here	• •	<u>. , , , , , , , , , , , , , , , , , , ,</u>	28a 29a	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ □		
30		·			30a	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
31 Other program services (describe in Schedule O)					+	
	t includes foreign gran			. ▶ □	31a	
32 Total program service expenses (add lines 28a					32	0
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
Check if the organization used Schedule	O to respond to any q	juestion in this	Part IV.		•	🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if not enter -0	tion 1099- t paid,	(d) Health bend contributions to end benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
Ray Shepherd	1	5,1100.	0			0 0
President			_			
Jay Martın	1		0			0
Vice President						
Rachel Rogier	1		0			0
Treasurer						
Leslie Tate	1		0			0
Secretary						
	I	1				I .

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V				
	instructions for Part V / Check if the organization used Schedule O to respond to any question in this Part V	• • •	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	110	
	detailed description of each activity in Schedule O	33		No	
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				
	To Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
b	Did the organization file Form 1120-POL for this year?	37b		No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No	
42a	List the states with which a copy of this return is filed DC				
	organization's books are in care of Pachel Rogier Telephone no	(202)	333-526	5	
	Located at ► c/o Arch Coal 2600 Virginia Ave NW Suite 505 Washington , DC ZIP + 4 ►	20037			
	211 1 4 P	20057			
			Yes	No	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No	
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No	
	If "Yes," enter the name of the foreign country ▶		▶ □		
		•			
•	and enter the amount of tax-exempt interest received or accrued during the tax year		Ī		
44-	Did the consequence assessment and desired district the consequence of		Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No	
	instead of Form 990-EZ	44b		No	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d			
	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		No	
	Did the organization have a controlled entity within the meaning of section 512(b)(15)?			110	
	form 990-EZ (see instructions)	45b		No	

orm	990-EZ (20	10)								Page
									Yes	No
6		ganization engage, directly or indirect for public office? If "Yes," complete						46		No
ar		ction 501(c)(3) organizations section 501(c)(3) organizations	-	ons 47- 49b an	ıd 52, ar	nd complete the	tables	for li	nes 50	and
		eck if the organization used Schedule	O to respond to any q	uestion in this Pa	rt VI					
									Yes	No
		ganization engage in lobbying activiti omplete Schedule C, Part II		D1(h) election in e		-		47		
3	Is the orga	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	Schedul	e E .	.	48		
a	Did the org	ganization make any transfers to an e	exempt non-charitable	related organizat	ion?		.	49a		
b	If "Yes," w	es," was the related organization a section 527 organization?				. [49b			
)		this table for the organization's five hereived more than \$100,000 of com					stees ar	nd key	employ	ees)
		e and title of each employee	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC)	le n co 199-	(d) Health benefi ntributions to emp benefit plans, ar deferred compensa	oloyee nd		timated er comp	
<u> </u>	Total pur	nhar of other ampleyees nord ever t	100,000							
 f 1		nber of other employees paid over \$:	•		· ·		ore that	n \$10	0.000 o	
	Complete t	nber of other employees paid over \$: this table for the organization's five h tion from the organization If there is	ighest compensated in		· ·	I	ore that	an \$10	0,000 o	 :
	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•		o each received m			0,000 o	
	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•						
	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•						
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	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•						
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	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•						
	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•						
	Complete t	this table for the organization's five h	ighest compensated in none, enter "None "	•						
	Complete compensat	this table for the organization's five h	ighest compensated in none, enter "None " ach independent contr	actor						
d	Complete to compensation of the compensation o	chis table for the organization's five had been from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Name	rs each receiving over	\$100,000	(b)	Type of service	(c)	Compe	ensation	
d	Complete to compensation of the compensation o	this table for the organization's five honor from the organization. If there is (a) Name and business address of each of the contractor of other independent contractors.	rs each receiving over	\$100,000	(b)	Type of service	(c)	Compe		
d derowl	Total nur Did the complete	this table for the organization's five head in from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? New York of perjury, I declare that I have examelief, it is true, correct, and complete each of perjury.	respect to the section of the sectio	\$100,000. (3) organization ding accompanyin	s must a	Type of service	(c)	Compe	s	do my
d der	Total nur Did the complete penalties of edge and being knowled	this table for the organization's five heter from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	respect to the section of the sectio	\$100,000. (3) organization ding accompanyin	s must a	Type of service ttach a tles and statement pased on all inform	(c)	Compe	s	do my
d derowl	Total nur Did the complete reduced and by knowled	this table for the organization's five head in from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? New York of perjury, I declare that I have examelief, it is true, correct, and complete each of perjury.	respect to the section of the sectio	\$100,000. (3) organization ding accompanyin	s must a	Type of service ttach a les and statement pased on all inform	(c)	Compe	s	do my
d derrowling ar	Total nur Did the complete of penalties of edge and but he hay knowled	this table for the organization's five heter from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	respect to the section of the sectio	\$100,000. (3) organization ding accompanyin	s must a	Type of service ttach a tles and statement pased on all inform	(c)	Compe	s	do my
d derowl	Total nur Did the complete and by knowled	chis table for the organization's five had been from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	respect to the section of the sectio	\$100,000. (3) organization ding accompanyin	s must a	ttach a les and statement pased on all inform 2019-05-13 Date	(c)	Compe	s	do my
d 2 gn ere	Total nur Did the complete and being knowled	chis table for the organization's five head on from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	s each receiving over IOTE. All section 501(commend this return, include Declaration of preparations)	\$100,000. (3) organization ding accompanyin	s must al	Type of service ttach a les and statement pased on all inform 2019-05-13 Date	(c)	Compe	s	
d 2 gn ere	Total nur Did the complete and by knowled	inber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over IOTE. All section 501(commend this return, include Declaration of preparations)	\$100,000. (3) organization ding accompanyin	s must al	ttach a 2019-05-13 Date Check if self-employed Firm's EIN	(c)	Compe	s	
d derowlings are	Total nur Did the complete and being knowled Real Tyle Rail Tyle Complete and being knowled	chis table for the organization's five heter from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	s each receiving over IOTE. All section 501(commend this return, include Declaration of preparations)	\$100,000. (3) organization ding accompanyin	s must al	Type of service ttach a les and statement pased on all inform 2019-05-13 Date Check if self-employed	(c)	Compe	s	

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 54-1223629

Name: Washington Coal Club

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizat services, as measured number of persons ben	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
branches, and private citi agencies, and \$50 for eve	nch briefings open to members of Congress, staff of the legislative and executive zens. Lunch is free for those who for Congress, \$25 for those who work for executive eryone else. The second lunch also functioned as an awards lunch where we gave awards dividuals that have served the coal industry, with \$115 person in private industry.	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ \blacktriangleright \ \Box$		

